

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 1072489 FILING DATE 11-25-01
APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL						

CLAIMS					
	IND	DEP	IND	DEP	IND
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63	1				
64					
65		1			
66		1			
67		1			
68		1			
69		1			
70		1			
71		1			
72		1			
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92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.		9			
TOTAL		10			